

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 22, 2021

Angela Snyder ADAPT, Inc. 202 Morse Street Coldwater, MI 49036

RE: License #: AS120359233

North Ridge Home 126 Seeley Street Coldwater, MI 49036

Dear Ms. Snyder:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

Maktina Rubeitius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. #9-100 Detroit, MI 48202 (517) 262-8604

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS120359233

Licensee Name: ADAPT, Inc.

Licensee Address: 202 Morse Street

Coldwater, MI 49036

Licensee Telephone #: (517) 279-7531

Licensee/Licensee Designee: Angela Snyder

Administrator: Angela Snyder

Name of Facility: North Ridge Home

Facility Address: 126 Seeley Street

Coldwater, MI 49036

Facility Telephone #: (517) 278-6127

Original Issuance Date: 02/01/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2021 (On-site Inspection) & 08/27/2021 (Paperwork Review)				
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: N/A				
Insp	ection Type:	☐ Interview and Observation ☐ Combination	☐ Worksheet☐ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		1 0	
•	Medication pass / simu	ulated pass observed? Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain			
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \ No \subseteq \ If no, explain. \) Meal preparation / service observed? Yes \(\subseteq \ No \subseteq \ If no, explain. \) The on-site inspection was not concurrent with the meal times. Fire drills reviewed? Yes \(\subseteq \ No \subseteq \ If no, explain. \)			
•	Fire safety equipment	and practices observed? Yes	⊠ No If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes No N/A Street No No N/A Street No No N/A N/A No N/A			
•	Incident report follow-up? Yes ⊠ No □ If no, explain.			
•	Corrective action plan N/A ⊠	compliance verified? Yes 🗌	CAP date/s and rule/s:	
•		mployees followed-up?	N/A 🖂	
•	Variances? Yes ☐ (p	lease explain) No □ N/A ⊠		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

- (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
 - The were no fire drills conducted during the evening and sleeping hours, during the 1st quarter of 2021.

R 400.14511 Flame-producing equipment; enclosures.

- (2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.
 - The facility was equipped with a gas dryer, which was located on the same level as the residents. The dryer was not located in an enclosed room.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and the special certification is recommended.

Mahtina Rubeitius	10/22/2021
Mahtina Rubritius	Date
Licensing Consultant	